



## **Office of the Children's Commissioner**

# Review of policies and interventions for low-income families with young children

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## Appendices

**July 2014**

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*Review of policies and interventions for low-income families with young children*

## Appendix 1: Local authority plans and strategies screened

Local authorities	Plans/strategies					
	Overarching children's / families' plan	Local child poverty strategy	Joint Strategic Needs Assessment (JSNA)	Health and Wellbeing Strategy	Housing strategy	Other
Blackpool		✓	✓	✓	✓	
Derbyshire	✓ Children and Younger Adult Department Service Plan 2010-2014	Child poverty needs assessment only	✓	✓	✓ Derbyshire Dales; Derby City Council	Working together for a better Derbyshire: sustainable community strategy 2009-2014
Greater Manchester		✓ Manchester City Council Family poverty strategy; Greater Manchester Poverty Commission	✓	✓	✓ Oldham; Rochdale	
Hounslow	✓ Children and Young People's Plan 2012-2015	✓ Included in CYPP	✓	✓	✓	

Local authorities	Plans/strategies					
	Overarching children's / families' plan	Local child poverty strategy	Joint Strategic Needs Assessment (JSNA)	Health and Wellbeing Strategy	Housing strategy	Other
Islington	✓ Children and Families Strategy 2011-2015	✓ (2013 consultation version)	✓	✓	✓	Family and parenting support strategy 2012-2015
Newcastle	✓ Children and Young People's Plan 2011-2014	✓	✓	✓	✓	
Norfolk	✓ Children's services plan 2013-14	Child poverty needs assessment only	✓	✓	✓ Great Yarmouth; Norwich	
North Yorkshire	Children and Young People's Plan 2011-2014	Child poverty needs assessment only	✓	✓	✓	Parenting strategy 2011-2014 Sustainable community strategy for North Yorkshire, 2008/18
Portsmouth	✓ Children's Trust plan 2011-2014	✓ Poverty strategy that covers children, families and adults	✓	✓	✓	

Local authorities	Plans/strategies					
	Overarching children's / families' plan	Local child poverty strategy	Joint Strategic Needs Assessment (JSNA)	Health and Wellbeing Strategy	Housing strategy	Other
Somerset	✓ Children and Young People's Plan 2013-2016	✓	✓	✓	✓ Bath & North East Somerset; Sedgemoor	

*[all items accessed 21 May 2014]*

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## Appendix 2: Interventions identified in the local strategies

Local authorities	Services/interventions/programmes			
	Poverty	Early years	Health	Housing
Blackpool	<p>Blackpool Fairness Commission</p> <p>Community Budget pilot [focus on worklessness, substance misuse, parental mental health]</p> <p>Living Wage [for Council employees; promoting more widely]</p>	<p>Children's centres</p>	<p>Ante-natal and newborn screening</p> <p>Baby Friendly Initiative</p> <p>Blackpool Child Accident Prevention Scheme [now ended]</p> <p>Breastfeeding Out and About</p> <p>Child immunisation programme</p> <p>Family Nurse Partnership</p> <p>Health Visitor spearhead area</p> <p>Healthy Child programme</p> <p>Healthy eating in children's centres</p> <p>Healthy Start</p> <p>Reducing smoking in</p>	<p>South Beach Transience pilot</p>

			pregnancy Star Buddies peer support [breastfeeding]	
Derbyshire		Derby City Family Intervention Project (FIP) Derbyshire Troubled Families programme Every Child a Talker (ECaT)	Breastfeeding support Child immunisation programme Health Visitor programme Healthy Child programme Healthy Start HENRY programme (health, exercise and early nutrition for preschool children) Oral health promotion Reducing smoking in pregnancy	Derby City – Affordable Warmth Team Community Legal Advice Centre Housing Options Centre [housing advice; homelessness prevention] Neighbourhood Boards and Forums [established in each ward of the city]
Greater Manchester	Community Budget – Manchester Investment Fund working with troubled families Money Mentors [financial inclusion service] My Home Finance Scheme [social enterprise offering]	Children’s centres Home Start Incredible Years parenting programme Troubled Families programme	Family Nurse Partnership Fareshare [distributes food donated by supermarkets] Food banks Herbi [mobile greengrocer] Growing Manchester	Oldham and Rochdale – Bulk Buy energy scheme

	affordable, small loans]		[community food growing and work with groups to develop budgeting/cooking skills] Neighbourhood shops [local convenience stores carrying more fresh fruit/vegetables] Playground markets Zest [healthy eating]	
Hounslow	Hounslow Outreach Project for Employment (HOPE) New Pathways to Work [Employability Skills Programme funding ended 2011]	2 year old free entitlement Box Full of Feelings Children's centres Early Bird programme [for parents of young children with an autistic spectrum disorder] Every Child a Talker (ECaT) Family Information Service Home Visiting Intensive Family Support (IFS) project Playing and Learning to Socialise (PALS) programme	Family Nurse Partnership Smoke-free homes and cars campaign	Warm Homes initiative

		Short breaks		
Islington	<p>Childcare bursaries</p> <p>Credit union</p> <p>London Living Wage</p> <p>Parental employment partnership with Jobcentre Plus</p>	<p>Childcare Coalition</p> <p>Children's centres</p> <p>Expectant fathers and caring dads programmes</p> <p>Family Information Service</p> <p>Family Intervention Project</p> <p>Family Nurse Partnership</p> <p>Islington Reads</p> <p>Parent Champions</p> <p>Parenting programmes [Incredible Years, Strengthening families/strengthening communities, Triple P]</p> <p>Solihull Approach</p>	<p>First 21 Months programme [maternal mental health; attachment]</p> <p>Fluoride varnish programme [3- 10 year olds]</p> <p>Health visiting</p> <p>Healthy children's centres</p> <p>Maternity services</p> <p>MEND [healthy weight programme for 2-4 year olds]</p> <p>Primary care</p> <p>Teenage pregnancy programme</p>	
Newcastle	<p>Financial inclusion partnership</p> <p>Newcastle Futures working with Jobcentre Plus [training and employment service]</p> <p>Quids for Kids campaign [to maximise family income]</p>	<p>Children's centres</p> <p>Families at Risk Intensive Support Service (FRISS)</p> <p>Road safety work through early years providers</p> <p>Under 5s accident</p>	<p>Changing TRAX programme [parental substance misuse]</p> <p>Family Nurse Partnership</p> <p>Healthy Child programme</p> <p>STEPS to personal excellence programme [to</p>	<p>Newcastle Warm Zone</p> <p>Support service network for victims of domestic violence</p>

	Welfare Rights BME team [to maximise family income]	prevention forum	raise parental self-esteem]	
Norfolk		<p>2 year old free entitlement</p> <p>Café programme [help families support their child's learning]</p> <p>Children's centres</p> <p>Norfolk Family Focus project [Troubled Families programme/Family Intervention Programme for intensive support]</p> <p>Parent support services</p> <p>Portage [a home-visiting educational service for pre-school children with additional support needs and their families]</p>	<p>Child immunisation programme</p> <p>Dental checks</p> <p>Family Nurse Partnership</p> <p>Healthy Child Programme</p> <p>Healthy Start</p> <p>Health visitor workforce expansion</p> <p>Joy of Food [cooking skills on a low budget]</p>	Healthy City Network [to promote healthy lifestyles integrating health, housing and social care]
North Yorkshire		<p>2 year old free entitlement</p> <p>Children's centres</p> <p>Parenting programmes</p> <p>Troubled Families programme</p>	<p>Baby Clinics</p> <p>Breastfeeding Quality Mark</p> <p>Child immunisation programme</p> <p>Early Support programme</p>	

			Healthy Start Health Visiting	
Portsmouth	Family support workers (0-5) GPs [to identify financial worries and signpost families to services]	Children's centres Early support programme for children with disabilities Parenting programmes Positive Family Steps [working with families with multiple problems]	Children's centres (health hubs aligned with GP practices) Developmental health assessments Early Intervention Project [supports victims of domestic violence] Family Nurse Partnership Health visitors Healthy Child programme Maternity services	Community energy savings programme Council home improvement service Homecheck home safety service Tenancy support service
Somerset		Children's centres Troubled Families programme	Community Food Growing projects Local Health Walks	Green Deal trailblazer Warm Front & Warm Streets [insulation and heating measure for benefit recipients]

## Appendix A Summary of interventions

**Table 1 Summary of national interventions to support parents into work**

Description	Evaluation	How prescriptive	Joined-up working	Users' involvement
<p>The <b>Family Intervention Projects (FIPs)</b> were set up to work with some of the most challenging families and tackle anti-social behaviour, youth crime, inter-generational disadvantage and worklessness.</p> <p>FIPs were funded by the Government between 2006-2011. In 2009 FIPs became part of the Child Poverty Pilots and in 2011 they were replaced with the Troubled Families programme.</p>	<p>The programme was evaluated using a comparison group, although the design had a number of limitations. The impact assessment showed that:</p> <ul style="list-style-type: none"> <li>-FIPs were successful in reducing crime and anti-social behaviour.</li> <li>-There is limited evidence that FIPs generated better outcomes than other non-FIP interventions in terms of family functioning and health issues, although FIPs did appear to be at least as effective as these alternatives.</li> <li>-FIPs' impact on reducing education and employment problems was not conclusive (Lloyd et al, 2011).</li> </ul>	<p>Some aspects of FIPs were prescriptive (eg programme eligibility, a key worker system), but others were left to the discretion of individual projects (eg size of caseload, staff qualifications) (White et al, 2008).</p>	<p>Multi-agency working was at the heart of the FIPs model and the evaluation indicated that the key worker system was crucial to the coordination of the many services typically involved with these families (White et al, 2008).</p>	<p>The evaluation report does not specify if families were involved in FIPs' design. Families were involved in the evaluations, but most of the data to assess outcomes and impact were provided by FIPs staff.</p>



<p><b>The Local Authority Innovation Pilot</b> supported over 4,000 parents through a range of interventions (e.g. financial and housing support and advice, mentoring).</p> <p>Ten local authorities were funded by the Government to run this pilot in 2009-2011.</p>	<p>The evaluation did not attempt to establish the impact of the pilot but highlight features of successful projects, such as creating family-friendly brands; support to alleviate the impact of poverty; the need to take into account parents' specific needs (Mason et al, 2011).</p>	<p>Projects were expected to address at least one theme linked to the government child poverty reduction measures, but were free to decide what was required to effectively tackle the chosen issue(s).</p>	<p>Partnerships were identified as one of the lasting legacies of the pilot (Mason et al 2011). However, it is not known whether these partnerships continued to operate beyond the life of the pilot.</p>	<p>The evaluation does not say if families were involved in the design of the projects, although they were involved in the delivery of one project and in the programme evaluation.</p>
<p><b>The Supporting Separating Parents Pilot</b> aimed to reduce parental conflict and the negative impact of separation on children's outcomes.</p> <p>The Government funded ten projects between 2009 and 2011. These supported 3,200 (mainly disadvantaged) parents.</p>	<p>The evaluation found that holistic, one-stop shop services were developed and valued by parents. Improvements in children's and parents' socio-emotional wellbeing, financial circumstances and parental contact. However, the evaluation relied on parents' perception of impact, and the evaluators acknowledge, for well-liked programmes there is a tendency for beneficiaries to over-attribute positive changes experienced to the help they</p>	<p>This initiative was not prescriptive, indeed its main aim was to develop effective and innovative approaches to coordinating local services for separating and separated parents to facilitate access to financial,</p>	<p>The evaluation found that the pilots encouraged inter-agency working (Tavistock Institute of Human Relations et al, 2011). However, it is not known if this positive effect lasted beyond the life of the pilots.</p>	<p>The evaluation does not say if families were involved in the design of the projects, although they were involved in the evaluation.</p>

	have received (Tavistock Institute of Human Relations et al, 2011).	practical, legal and emotional help.		
<p>The <b>Teenage Parent Support Housing Pilot</b> was targeted at 16-17 year olds and those not living with parents/carers.</p> <p>Seven local authorities were funded by the Government between 2009 and 2011.</p> <p>The projects supported 800 young parents (94% were mothers).</p>	<p>The evaluation found some positive results including an increase in the number living independently. Overall, most parents reported some benefits for them and their children, but the proportion reporting each type of benefit (e.g. better parenting skills, health improvements, better financial management skills) was relatively small (Quilgars et al, 2011). The evaluation had no comparison group and relied largely on self-reported benefits.</p>	<p>This initiative was not prescriptive, indeed its main aim was to develop effective and innovative approaches to supporting teenage parents.</p>	<p>The evaluation found that multi-agency working was at the core of many projects and effective working relationships were developed across housing, health and social care and children's centres (Quilgars et al, 2011). Although, we do not know if these were sustained beyond the life of the pilot.</p>	<p>The evaluation does not say if families were involved in the design of the projects, although they were involved in the delivery of one of the local projects and in the evaluation.</p>
<p>The <b>work-focused services in children's centres pilot</b> aimed to engage parents into labour market activities by providing Jobcentre Plus</p>	<p>The evaluation did not attempt to assess the impact of the pilot and focused instead on implementation. The evaluation concluded that children's centres can be ideal venues for hosting work-focused</p>	<p>The pilot was fairly prescriptive and required all children's centres in the pilot to deliver some core elements</p>	<p>The evaluation found that the pilot had strengthened partnership working between Jobcentre Plus</p>	<p>The evaluation does not say if families were involved in the design</p>

<p>services in children's centres.</p> <p>Ten local authorities were funded by the Government to deliver the pilot in 2009-2011, which supported 5,800 parents.</p>	<p>services targeted at poor households (Marangozov and Stevens, 2011).</p>	<p>(eg 'standard' Jobcentre Plus offer, bespoke training support, dissemination of job vacancies).</p>	<p>and children's centres (Marangozov and Stevens, 2011), but did not assess if this improvement was sustained once the pilot ended.</p>	<p>of the pilot, although they were involved in the evaluation.</p>
<p>The <b>Work Programme</b> is a major new, welfare-to-work initiative introduced nationally in June 2011. It is targeted at long-term unemployed people, and provides support for up to two years to help them into sustainable work. The programme is delivered through a network of providers, operating under a payment-by-results regime.</p>	<p>The initial evaluation seems to suggest the programme is not working as intended. For example, the pressure to achieve job outcome targets seems to lead to the prioritisation of job-ready participants. Providers seem less able to support those facing many barriers because of the cost implications of the specialist support require. There is limited evidence that personalised and effective packages of support are being provided to support diverse needs. Benefit sanctions are inappropriately applied with people losing benefits due to administrative errors (Newton et al, 2012).</p>	<p>While entitlement to the programme is prescriptive, providers have considerable freedom to develop personalised services for those who require specialist support.</p>	<p>The evaluation found poor working relationships between providers and Jobcentre Plus (Newton et al, 2012).</p>	<p>The evaluation does not say if users were involved in the design of the programme, although they were involved in the evaluation.</p>

**Table 2 Summary of national early years interventions**

Description	Evaluation	How prescriptive	Joined-up working	Users' involvement
<b>Parenting support</b>				
<p>A <b>new joint assessment of young children</b> which combines the Early Years Foundation Stage assessment with the two-year health review carried to identify those who may benefit from early intervention, and to provide parenting support and targeted public health promotion.</p>	<p>The integrated review is being piloted in five areas (which are also Early Implementer Sites) but the evaluation of the pilot is not available yet.<sup>1</sup></p>	-	-	-
<p><b>Children's centres</b> provide a wide range of universal and targeted services including health promotion, early education, parenting</p>	<p>Up to now the evaluation has focused on implementation and has not yet provided any evidence of impact. The most recent findings show that: -the top five children's centre services</p>	<p>Not very prescriptive with a range of models and approaches being developed.</p>	<p>The evaluation identified examples of effective inter-agency working,</p>	<p>The evaluation included parents, but does not</p>

<sup>1</sup> <http://www.bridgewater.nhs.uk/news/innovativenewapproachtotwoyearoldreview/> (accessed 13 April 2014).

<p>programmes and employment support for parents. Their purpose is to improve outcomes for young children and their families, with a particular focus on the most disadvantaged families. Local authorities have an obligation to provide, as far as reasonably practicable, sufficient childhood services in children's centres. However, children's centres are no longer funded through a dedicated grant and it is entirely up to local authorities to decide which services and programmes to deliver via children's centres (Department for Education, 2013c).</p>	<p>were: stay and play; evidence-based parenting programmes; early education and childcare; developing and supporting volunteers; and breastfeeding support.</p> <ul style="list-style-type: none"> <li>-the original design of a single, stand-alone centre 'within pram-pushing distance' had evolved into networks and clusters</li> <li>-because of the financial cuts and loss of staff centres tended to focus on the most vulnerable families</li> <li>-all centres agreed that evidence-based practice should be followed, but many were not sure what this involved, and few implemented programmes with full fidelity</li> <li>-the majority of centres implemented at least one programme from the current list of evidence-based programmes (Allen, 2011), but these reached relatively few users (Goff et al, 2013).</li> </ul>		<p>but also areas where this could be improved (Goff et al, 2013).</p>	<p>report on whether users were involved in the programme development locally.</p>
<p><b>CANparent universal parenting classes</b> are being piloted in four areas</p>	<p>The interim evaluation of the trial has found that:</p> <ul style="list-style-type: none"> <li>-trialling a market approach had proved</li> </ul>	<p>Parenting classes are developed in response to local</p>	<p>-</p>	<p>The evaluation includes</p>

<p>and seek to stimulate the development of a commercial market in stigma-free parenting classes to enhance parents' skills and confidence. In three of the trial areas, parents of 0-5 year olds are eligible for a free voucher worth £100 to access a CANparent parenting course. In the fourth trial area, there are no vouchers, just some light-touch support (eg use of the CANparent brand and website).</p>	<p>challenging for the providers. The voucher subsidy stimulated <i>supply</i> of courses but, on its own, did not stimulate large-scale <i>demand</i>.</p> <p>-most providers were not optimistic about the financial sustainability of their universal parenting classes, reflecting the lower than expected levels of take-up of the classes (Cullen et al, 2014).</p>	<p>demand.</p>		<p>parents, but again does report whether they were involved in programme development.</p>
<p>Through the <b>Troubled Families</b> programme, the Government has provided funding to 'turn around' 120,000 troubled families. These families are defined as those where there is no adult working, children are excluded from school and family members are involved in crime and anti-social behaviour. Central</p>	<p>The evaluation of the programme is not yet available.</p>	<p>Funding is provided to support families who meet certain eligibility criteria, but local areas are free to decide what kind of support should be provided and can also specify additional eligibility criteria.</p>	<p>-</p>	<p>-</p>

<p>Government funding is provided to cover 40% of the costs primarily on a results basis (Department for Communities and Local Government, 2012).</p>				
<p><b>Early education and childcare services</b></p>				
<p>All three and four year olds and the most disadvantaged two year olds have a statutory entitlement to <b>free early education</b> (570 hours a year over at least 38 weeks). Local authorities have a duty to ensure that there are sufficient places of high quality for these children, and funding for this provision is provided by central Government. The quality of provision is regulated through the Early Years Foundation Stage (EYFS) and Ofsted's registration and inspections of providers.</p>	<p>Research exploring trends in take-up (Gambaro et al, 2014) has observed that since free education for three and four year olds has been introduced, take-up of early education among the most disadvantaged children has increased substantially, with most taking up a place in the highest-quality settings, that is, nursery classes and nursery schools. However, the small proportion of three and four year olds who do not attend an early education setting are overwhelmingly from a disadvantaged background.</p> <p>Research (Gambaro et al, 2014, Lloyd and Penn, 2013, Smith et al, 2009) has consistently shown that the quality of provision is varied and many places are not of sufficiently high quality to</p>	<p>Local authorities have considerable freedom in developing their early education and childcare services, as long as they meet relevant quality and registration requirements.</p>	<p>-</p>	<p>The main studies on early education and childcare do not explore users' involvement. However, it seems likely that many parents were consulted in some shape or form when local authorities had to carry out childcare sufficiency</p>

<p>Other aspects of provision (eg provision not covered by the free entitlement) are determined locally through a mixed economy where early education and childcare are typically provided by settings in the statutory, voluntary, private and independent sectors. There is no specific central Government funding to local authorities to support <b>childcare services</b>, although financial help is provided to parents through tax free childcare vouchers and tax credit schemes.</p>	<p>support the kind of improvements in cognitive and social development envisaged when free early education was introduced.</p> <p>Good-quality provision is closely linked to highly qualified staff, good opportunities for professional development and strong leadership (Coghlan et al, 2009). Workforce initiatives can therefore be crucial in supporting quality improvement.</p> <p>Research on childcare markets (Gambaro et al, 2014; Lloyd and Penn, 2013) has consistently shown considerable failures in delivering provision over and above the free entitlement, with provision not being sufficient to meet parents' needs, being expensive and of variable quality, and with low take-up among low-income families.</p>			<p>assessments.</p>
<p>Local authorities have a duty to provide information, advice and assistance to parents on childcare</p>	<p>A survey of parents of 0-14 year olds found that 39% had too little information about local childcare and 31% were aware of FISs, with 12%</p>	<p>-</p>	<p>-</p>	<p>We did not find any information on parents'</p>



<p>provision via <b>Family Information Services (FISs)</b>.</p>	<p>having used the service (Huskinson, 2014). A study of FISs (Rutter and Stocker, 2014b) found that:</p> <ul style="list-style-type: none"> <li>-FISs answer around 430,000 enquiries every year, with 73% coming from families and 27% from professionals</li> <li>-58% of local authorities cut the budgets of FISs over the previous 18 months, and 52% plan further cuts, changes to services provision or restructuring</li> <li>-over the previous 18 months 53% had cut their outreach services.</li> </ul>			<p>involvement in the development of FISs.</p>
<p>In 2010-11 funding was provided by the Government to improve the range and quality of childcare through the <b>Disabled Children's Access to Childcare (DCATCH)</b> pilot.</p>	<p>The evaluation (Cheshire et al, 2014) found that:</p> <ul style="list-style-type: none"> <li>- there was no significant impact on the take-up of childcare, nor on parental satisfaction with the quality of care provided in DCATCH areas, compared with other areas</li> <li>-no impact of DCATCH was found on the ease of obtaining childcare information</li> <li>-parents in DCATCH areas did not</li> </ul>	<p>The aim of the pilot was to develop a range of innovative approaches to improve provision for disabled children.</p>	<p>-</p>	<p>The evaluation does not report if families were involved in the development of local projects.</p>

	experience less difficulty in finding suitable childcare than their counterparts in non-DCATCH areas.			
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**Table 3 Examples of locally initiated early years interventions**

Description	Evaluation
<b>Parenting support</b>	
<p><b>Triple P</b> and <b>Incredible Years</b> are parenting interventions identified by NICE as cost-effective in reducing conduct disorder<sup>2</sup> and were recommended by both the Allen and A Better Start reviews (Allen, 2011, Axford and Barlow, 2013).</p>	<p>RCTs of these interventions have found that Triple P (suitable for children aged 0-16), leads to significantly lower levels of conduct problems and clinical changes on a behavioural scale. Outcomes from Incredible Years (suitable for 0-12 year olds) include significantly reduced children’s anti-social behaviour and hyperactive behaviour, and resulted in a reduction in parenting stress and improvement in parenting competences.</p>
<p>The <b>Solihull Approach Parenting Group</b> is an intervention for families with children with behavioural problems recommended by NICE.<sup>3</sup> It takes a multi-</p>	<p>The programme has been extensively piloted and evaluated, and has shown positive changes in children’s behaviour and a reduction in</p>

<sup>2</sup> <http://guidance.nice.org.uk/QS59> and <http://triplep.net/> (accessed 14 April 2014).

<sup>3</sup> <http://www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/examplesofimplementation/eximpresults.jsp?o=334> (accessed 14 April 2014).

<p>agency approach and encourages a reflective approach, for trainers, facilitators and parents, in dealing with children with behavioural problems.</p>	<p>parental anxiety.<sup>4</sup></p>
<p><b>Playing and Learning to Socialise (PALS)</b> is a preventative programme designed to support preschool children in developing key skills to effectively play and socialise with their peers.</p>	<p>The programme was designed in Australia and has been tested and used successfully there for a number of years. A small evaluation of PALS (James and Mellor, 2007) in a London borough found a significant reduction in problem behaviour.</p>
<p><b>It Takes Two to Talk (ITTT)</b> helps parents to support the development of active and independent communication among children with motor disorders (such as cerebral palsy), as this group may have difficulties in producing movements for speech and non-verbal communication.</p>	<p>The evaluation of ITTT (Pennington and Noble, 2010) found that it leads to positive change in interaction patterns for parents and their children with motor disorders, and parents believed that the programme helped them to change their own conversational style and facilitate their child's communication development.</p>
<p><b>Every Child a Talker (ECaT)</b> is a universal-level programme designed to improve the skills of the early years workforce in supporting speech, language and communication development.</p>	<p>A local evaluation of ECaT (Worcestershire Health and Care NHS Trust, 2013) found that practitioners identified a significant increase in their ability to deliver positive strategies to support children's speech, language and communication development, and felt more confident in talking to and advising parents on children's speech, language and communication. The evaluation also found significant reductions in the number of children at risk of language delay, and improvements in</p>

<sup>4</sup><http://www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/examplesofimplementation/eximpresults.jsp?o=334> (accessed 14 April 2014).

	outcomes for children whose language or communication was behind that of the expected level for their age. It should be noted that the evaluation did not include a comparison group.
Group-based parent-training intervention for parents with children with <b>learning disabilities (LD)</b> and <b>autistic spectrum disorders (ASD)</b> were delivered in Greater Manchester.	These were evaluated (Todd et al, 2010) using a small sample (and no control group) and it was found that the intervention was effective in reducing the frequency and impact of children’s challenging behaviours and improving parental psychological wellbeing.
<b>THOMAS</b> (The Hampshire Outline for Meeting the needs of under-fives on the Autistic Spectrum) is a training programme to enhance the learning of young children with impairments in social understanding, communication and play by increasing the use of appropriate interventions.	A local evaluation of the programme (Medhurst et al, 2007) found that the training was still as effective a year on, with many techniques, including visual structure and behaviour management, seen as highly effective interventions. Furthermore, there is an indication that participants may experience an increase in confidence that enables them to become more independent and generate their own solutions as skills and knowledge become embedded over time.
<b>Caring Dads: Safer Children</b> is a group-work programme for domestically abusive fathers, which is currently being tested by the NSPCC.	The interim evaluation (McConnell et al, 2014) found some evidence of improvement in fathers’ behaviour, resulting in a positive impact in family safety and wellbeing. However, the evaluation also found that not all fathers changed sufficiently and therefore their contact with their families should continue to be monitored.
<b>Early education</b>	
<b>Early teaching interventions for children aged two to four with autism spectrum disorders (ASDs)</b> , including: a one-to-one home-based programme and two different forms of special nursery placement.	The evaluation (Reed et al, 2010) showed moderate improvements for children attending a generalised special nursery placement, and for those attending a special nursery placement solely for children with ASDs. Children receiving a home-based one-to-one programme with similar intervention hours showed moderate effect sizes for only some

	of the measures tested. These data show that special nursery placements can offer benefits to children with ASDs, especially in the area of adaptive behavioural functioning.
<b>Home learning environment</b>	
The <b>Peers Early Education Partnership (PEEP)</b> is a family literacy intervention that works with families from their child's earliest weeks, makes explicit the notion that babies are active social beings and learners, and encourages parents in their role as their child's first and most important educator. The intervention is based on universal, non-stigmatising provision offered to all families within a catchment area, but it tends to focus on areas with high level of disadvantage.	An evaluation (Evangelou et al, 2007), which included a comparison group, found that PEEP had a significant positive impact on children's vocabulary, language comprehension, understanding about books and print, early numeracy skills and self-esteem. Parents also reported significantly greater awareness of their child's literacy development and of ways of fostering it, and the programme improved their learning too.
<b>Bookstart Corner</b> is a targeted reading programme, aimed at families with children aged 12-30 months. It supports children's centres to work with families with the greatest need, encouraging them to develop a love of stories, books and rhymes. It is delivered through home visits.	The evaluation (The Booktrust, 2013) found that the programme significantly improved the frequency with which mothers and particularly fathers read with their children, and reported higher engagement with children's centres. Early years staff reported improvements in the home learning environment and believed that the programme was an effective way of engaging families with the greatest need. It should be noted, however, that the evaluation did not include a comparison group.

**Table 4 Summary of national public health interventions**

Description	Evaluation	How prescriptive	Joined-up working	Users' involvement
<b>Parenting support</b>				
<p><b>Start4Life Information Service for Parents (ISP) is a national digital service for parents-to-be and parents with young children providing</b> information on pregnancy, babies and maternal health, through videos with experts giving advice and emails and texts tailored to stage of pregnancy or child's age.</p>	<p>The evaluation found that in the 10 months after the launch, around 135,500 parents signed up to receive ISP emails/texts, and ISP videos had more than 1.7 million views. ISP subscribers were more likely to be mothers (72%) and from affluent backgrounds (58%). The main barriers to signing up for ISP was lack of awareness of the service, the need to have internet access, the basic and limited information provided by text messages and concern over actual (and imagined) costs.</p> <p><b>(Marshall et al, 2013).</b></p>	-	-	<p>We could find no information on users' involvement in service development, although parents were involved in the evaluation.</p>
<p><b>Promotional material provided by the HSC Public Health Agency</b> for both parents and those</p>	<p>We could not find any evidence that this material has been evaluated.</p>	-	-	-

<p>working with parents (eg leaflets, booklets and posters on pregnancy, breastfeeding, child development and attachment).<sup>5</sup></p>				
<p><b>A new model for health visitors</b> to provide comprehensive and tailored support to families with young children through a substantial increase in the number of health visitors and a new service model which includes:</p> <ul style="list-style-type: none"> <li>-community services, to deliver the Healthy Child Programme</li> <li>-universal plus more targeted support to parents with specific needs</li> <li>-universal partnership plus ongoing support to families</li> </ul>	<p>The new health visitor model is being piloted in 49 Early Implementer Sites; a progress report (note that this is not an evaluation) of the pilot sites claims that they are ensuring universal clinical delivery of the Healthy Child Programme and improving antenatal services, breastfeeding and immunisation rates, and parental confidence (Department of Health, 2012a).</p>	<p>The pilots are experimenting with different approaches to the implementation of the new health visitor model.</p>	<p>The progress report claims there have been improvement in information sharing among practitioners (Department of Health, 2012a).</p>	<p>One of the case studies in the progress report mentioned involvement of families in health visitors' workforce planning and another a survey of users to explore satisfaction with the new</p>

<sup>5</sup> Further information about this promotional material can be found at <http://www.publichealth.hscni.net/publications/> (accessed 7 April 2014).

with more complex issues.				health visitor service (Department of Health, 2012a).
<p>The <b>Family Nurse Partnership</b> (FNP) is perhaps the leading and best-evaluated model of home visiting by health professionals, developed in the US on the basis of 30 years of rigorous evidence. FNP is a preventive intensive programme for first-time mothers aged 20 and younger starting in early pregnancy (and no later than 28 weeks of pregnancy) and lasting until the child is two years old.</p> <p>FNP began in England in 2007, with the current Government committed to funding 13,000 places by April 2015 (covering 15-20%</p>	<p>The US randomised control trials of the Nurse Family Partnership (NFP – the programme’s US name) identified a range of positive effects over time:</p> <ul style="list-style-type: none"> <li>-improved pregnancy outcomes, including decreases in smoking during pregnancy; improvements in prenatal diet; and fewer hypertensive disorders</li> <li>-reduction in child abuse and neglect and childhood injuries</li> <li>-improvements in young children’s language and emotional development, and later academic achievement</li> <li>-improvements in children’s emotional and behavioural outcomes, including risky behaviour</li> <li>-maternal life course improvements</li> </ul>	This is a manualised programme and therefore very prescriptive.	Limited evidence of joint up working with other relevant services.	The programme is meant to involve users but no data is available on the nature and level of their involvement.



<p>of the eligible population), and possibly 16,000 in the longer term (25% of the eligible population).</p>	<p>including reduction in use of welfare and convictions, and increased maternal employment and father's presence and stability.<sup>6</sup></p> <p>While the results of the RCT in England are due later in 2014, the initial evidence is promising, with reduced smoking in pregnancy, high rates of breastfeeding and mothers coping well with pregnancy, labour and parenthood and having increased confidence and aspirations for future and in their parenting capacity. FNP children appear to be developing in line with the general population, which is promising as this group usually fares much worse.</p> <p>(Ball et al, 2012)</p>			
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<sup>6</sup><http://api.ning.com/files/ojSCGs3jvX1MjEvF5u8j5ZLEJtKOkz2yy1D9CcmmOcQRqRQs6PM2BIZbQinYHol kayUzQYW0z1zqbrgYI3gUqk2afKSSNT-C/FNPEvidenceSummaryLeafletApril13.pdf> (accessed 10 April 2014).

Health promotion				
<p>The UNICEF UK <b>Baby Friendly Initiative (BFI)</b> sets the standards required to effectively support breastfeeding practices. While it is up to local areas to decide whether to subscribe to it, it is promoted in Government literature and the revised standards were officially endorsed by the Government.</p>	<p>The recently revised standards (Entwistle, 2013) have been informed by a growing body of systematic reviews and robust evidence of 'what works' in increasing breastfeeding prevalence.</p>	-	-	-
<p>The <b>National Child Measurement Programme (NCMP)</b> collects annual data on the height and weight of all children in Reception (age 4-5) and Year 6 (age 10-11) to allow the Government to track trends in childhood obesity. Local Authorities are responsible for delivering the programme with funding</p>	<p>An evaluation of the implementation of NCMP (Statham et al, 2011) has found that there is generally strong support for the programme's principal aim of monitoring childhood obesity levels, and local areas have worked hard to overcome initial problems and to achieve good coverage. However, funding and capacity have in many areas been a challenge. As a result, local</p>	-	-	<p>No evidence was found of users' involvement in the development of the programme.</p>

from public health grant.	areas differ in terms of whether they are providing routine feedback to parents of their child's results and proactive follow-up.			
The DH funded <b>Change4Life</b> involved national social marketing campaigns (eg through television, poster advertising, a helpline, a website) aiming to reframe obesity into a health issue relevant to all.	The programme's evaluation (Croker et al, 2012) found that the campaign materials achieved increases in awareness of <b>Change4Life</b> , but had little impact on attitudes or behaviour, probably due to low engagement. It should be noted that the programme was evaluated with parents with children aged five and over and relied on self-reported impact.	-	-	No evidence was found on users' involvement in the programme development although they were involved in the evaluation.
The <b>Healthy Start</b> scheme, funded by the DH, aims to improve access to a healthy diet. It provides food vouchers and vitamin coupons for pregnant mothers, new mothers and young children (under four years) living on low incomes.	The evaluation of the scheme focused on implementation rather than its impact (Lucas et al, 2013), and found that take-up was generally high (72-86%), but some groups experienced difficulties accessing the scheme (eg those with chaotic lives, English as a second language; with variable income, young parents). Healthy Start food vouchers were found	-	-	No evidence was found on users' involvement in the development of the programme, although they were involved in the

	<p>easy to use, but Healthy Start vitamins were seldom used. Parents said the scheme made a significant contribution to their weekly shopping budget and reported an increase in the purchase of fruit and vegetables. Only a few parents thought that the scheme had considerably improved their diet. Another paper concluded that a food subsidy programme like Healthy Start can provide an important nutritional safety net and potentially improve nutrition for pregnant women and young children living on low incomes. Factors that could compromise this impact include erosion of voucher value relative to the rising cost of food, lack of access to registered retailers and barriers to registering for the programme. However, the paper was again based on an evaluation of Healthy Start that did not include a comparison group and was based mainly on self-reported impact (<b>McFadden et al, 2014</b>).</p>			<p>evaluation.</p>
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Children's mental health				
<p><b>'MindEd:</b> learning to support young healthy minds' was launched in March 2014. It provides practical e-learning sessions on mental health to enable those who work with children to build knowledge and confidence to identify mental health issues.<sup>7</sup></p>	Not evaluated yet.	-	-	-
<p><b>Improving Access to Psychological Therapies (IAPT)</b> is a large-scale initiative that aims to increase the availability of NICE-recommended psychological treatments for depression and anxiety disorders. It initially focused on adults but it is being extended and adapted to children (Department of</p>	Not evaluated yet.	-	-	-

<sup>7</sup> <http://www.rcpch.ac.uk/minded> (accessed 8 April 2014).

Health, 2012b).				
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**Table 5 Examples of locally initiated public health interventions**

Description	Evaluation
<b>Health promotion</b>	
<p><b>HENRY</b> (Health Exercise Nutrition for the Really Young) is a preventive approach to child obesity that provides training for practitioners to work with parents of preschool children around obesity and lifestyle issues.</p>	<p>An evaluation of the scheme’s implementation in Leeds (Willis et al, 2012) found that staff indicated that HENRY training was associated with considerable changes to the centre’s environment, including the provision of age-appropriate portion sizes and the introduction of healthy snacks; a strengthening of team working and increased staff confidence around tackling lifestyle change; and, enhanced skills when working with families. Training was also reported to induce changes within the staff’s personal lives (eg increased physical activity and family mealtimes). The evaluators concluded that the initial evidence suggests that positive and lasting lifestyle effects can be achieved by brief training courses involving children’s centre staff teams, but it remains to be seen if the programme will result in a reduction in levels of preschool obesity across the city.</p>
<p><b>Active Play</b> is an intervention that aims to decrease sedentary time and increase total physical activity in preschool children.</p>	<p>The programme was tested using an RCT in eight children’s centres in the North West of England (O’Dwyer et al, 2012). Parents and children in the intervention group received a 10-week active play programme delivered by trained active play professionals; this included an activity and educational component. Families in the comparison group were asked to maintain their usual routine. The evaluation found that the intervention produced positive changes in</p>

	sedentary time and total physical activity levels in preschool children.
<b>Mothers with high health risks</b>	
The prevention and treatment of <b>maternal depression</b> during the perinatal period is important for the promotion of infant mental health.	A systematic review of interventions to prevent post-natal depression (Stewart-Brown and Schrader McMillan 2012) found that effective programmes: include a range of psychosocial approaches and usually offer a combination of practical and emotional support; need to focus on demographically and clinically high-risk groups; and are delivered on a one-to-one basis by trained paraprofessionals or professionals. Effective interventions identified to treat post-natal depression include: cognitive behavioural approaches; interpersonal psychotherapy; and non-directive counselling. The review found that universal approaches for the prevention of postnatal depression were not effective.
<b>Alcohol consumption/addiction</b>	A review of health interventions in pregnancy (Barlow et al, 2008) found some evidence that brief motivational interviewing can be effective in motivating mothers who are light to moderate drinkers to cease drinking during pregnancy, while treatment for alcohol abuse should be tailored to the specific mothers' needs and involve a psychosocial component in addition to standard treatment. Treatment options for alcohol abuse include: brief motivational interventions/motivational interviewing; behavioural couples therapy (where there is a drug-free partner); family therapy; and self-help approaches, including community reinforcement approaches and therapy to develop a network of support. The review found that treatment of drug use should also be tailored to the specific mothers' needs, but should involve a psychosocial component in addition to standard care (eg methadone and counselling). For both alcohol and

	drug abuse, there is some evidence that treatment may be more effective if it includes the provision of rewards and incentives, and information material provided to other family members.
<b>Smoking</b>	A review of effective support in relation to smoking cessation in pregnancy (Barlow et al, 2008) found evidence of the effectiveness of provision of smoking cessation programmes in all maternity care settings, targeted at both mothers and fathers, as the partner's smoking status is a key determinant of a woman's smoking during pregnancy and presents a health risk to infants post-birth. The review found evidence to support the integration of motivational interviewing into smoking reduction/cessation plans, and that interventions need to address target groups of women using different approaches (eg minimal contact programmes are less successful with women of low socio-economic background). The review also recommends wider tobacco control measures and robust control policies in the community to help reduce smoking in pregnancy.
<b>Children's mental health</b>	
A <b>Child Psychotherapy Outreach Service</b> established in a nursery school to offer psychotherapeutic support to children and parents and consultations to staff.	The evaluation of the programme (Pretorious and Karni-Sharon, 2012) was very small involving interviews with eight mothers, 10 staff members and no control group. Self-reported impact showed positive results, with mothers reporting improvements in their child's behaviour and mood, and staff reporting increased understanding of the children's communications and behaviours. The evaluation showed that the location of the service in the nursery was crucial for



	engaging the hard-to-reach population.
<p><b>Psychoanalytic psychotherapy</b> with children under five years of age and their families referred to a CAMHS with a range of behavioural and emotional problems. The programme focused on the emotional forces that underpin the family's here-and-now experiences and brought into the frame the child's perspective, with the aim of shifting the parents' states of mind from being less reactive to being more reflective, with a resulting positive impact on the child's behaviour.</p>	<p>The evaluation of the programme was very small (Pozzi-Monzo et al, 2012); it involved seven families and no control group, but it found positive results. The parents were found to be less blaming and more reparative in their comments and reported that six of the seven children exhibited a significant reduction/ termination of symptoms for which they had been originally referred.</p>

## References for Appendix 2

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## Appendix 3: Priority issues identified in local authority child poverty plans, joint health and wellbeing strategies, and housing strategies

Local authorities	Priority issues from local plans and strategies								
	Cross-authority response to tackling child poverty	Improve the local economy and labour market	Support parents into work	Improve families' financial capability	Help families avoid debt	Maximise benefit entitlement	Support vulnerable families / families with multiple problems	Provide parenting support	Improve availability / take-up of early education & childcare provision
Blackpool	✓	✓	✓	✓			✓	✓	
Derbyshire							✓	✓	✓
Hounslow	✓	✓	✓		✓	✓	✓	✓	✓
Islington	✓	✓	✓	✓	✓		✓	✓	
Manchester	✓	✓		✓		✓	✓	✓	✓
Newcastle	✓	✓	✓	✓	✓	✓	✓	✓	
Norfolk		✓				✓	✓	✓	✓
North Yorkshire	✓	✓					✓	✓	✓
Portsmouth	✓						✓	✓	
Somerset	✓				✓		✓	✓	

Local authorities	Priority issues from local plans and strategies								
	Ensure take-up of early years free entitlement	Provide variety of services through children's	Ensure opportunities for play	Reduce health inequalities [health checks, breastfeeding, immunisation]	Promote healthy lifestyles [childhood obesity, diet,	Reduce teenage pregnancy / support teenage	Reduce smoking in pregnancy	Improve oral health of young children	Tackle food poverty [grow your own schemes, access to

		centres			physical activity]	parents			fresh fruit & vegetables]
Blackpool		✓		✓	✓	✓	✓		
Derbyshire		✓		✓	✓		✓	✓	
Hounslow	✓	✓		✓	✓			✓	
Islington		✓	✓	✓	✓	✓		✓	✓
Manchester	✓	✓		✓	✓				✓
Newcastle		✓		✓	✓				
Norfolk		✓	✓	✓	✓	✓		✓	✓
North Yorkshire	✓	✓		✓	✓				
Portsmouth		✓		✓	✓				
Somerset		✓		✓	✓				

Local authorities	Priority issues from local plans and strategies							
	Increase supply of affordable housing	Tackle overcrowding	Prevent homelessness	Ensure availability of housing advice services	Tackle fuel poverty / reduce energy bills / improve energy efficiency	Improve housing quality / meet the Decent Home Standard	Create desirable neighbourhoods / green spaces	Provide suitable sites for gypsies and travellers
Blackpool	✓				✓		✓	✓
Derbyshire	✓			✓	✓	✓	✓	
Hounslow	✓	✓	✓		✓	✓		
Islington	✓	✓	✓		✓		✓	
Manchester					✓		✓	
Newcastle					✓		✓	
Norfolk					✓	✓	✓	
North Yorkshire	✓	✓	✓		✓			✓
Portsmouth			✓	✓	✓	✓		



Somerset	✓	✓	✓		✓			✓
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## Local authority plans and strategies screened

The local plans and strategies reviewed comprised: local child poverty strategies, (apart from Derbyshire, Norfolk and North Yorkshire, where these strategies could not be located); joint health and wellbeing strategies; and, housing strategies. Local priorities relating to young children and their families were drawn from these plans, as well as from additional children, family and parenting plans and strategies where available.

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